

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005260

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: INDIANA PHOENIX, INCORPORATED

**Current Principal Place of Business:**

200 DEKKO DR.  
AVILLA, IN 46710

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 499  
AVILLA, IN 46710

**New Mailing Address:**

FEI Number: 35-2120374

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: STOCKBERGER, CARL  
Address: 11410 MANOR DR  
City-St-Zip: PLYMOUTH, IN 46563

Title: D ( ) Delete  
Name: CARRISON, GERALD D  
Address: 20 LANE 265 LAKE JAMES 102  
City-St-Zip: AVILLA, IN 46703

Title: DST ( ) Delete  
Name: KLINK, WAYNE  
Address: 6350 S 725 W  
City-St-Zip: PLEASANT LAKE, IN 46779

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD D CARRISON

D

01/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date